

Exhibit 2

2:14-cv-10266-SJM-LJM Doc # 1-3 Filed 01/21/14 Pg 2 of 8 Pg ID 119
Exhibit 2 - Lumbar Physical Therapy Assessment

Patient	Date of Loss	Date of Evaluation	Problem List							Treatment Plan							Short Term Goals Not Met
			Weakness	Positive Neurological Findings	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Exercises	Ultrasound	Maximum Initial Duration (30 days)			
MW	9/18/2007	8/21/2008	A	A	A	A	A	A	A	X	A	A	A	A	A	A	X
KH	3/1/2008	12/11/2008	X	X	X	X	X	X	X	X	X	X	X		X	X	
RT	10/21/2007	12/16/2008	X	X	X	X	X	X	X	X	X	X	X		X	X	
CS	7/25/2007	2/17/2009	X	X		X			X								A
SM	6/12/2008	3/2/2009	X	X	X	X	X	X	X	X	X	X	X		X	X	
JJ	3/4/2008	3/19/2009	X		X	X	X	X			X	X	X		X	X	X
CJ	3/4/2008	4/7/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
AD	7/2/2009	9/9/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
BD	10/27/2008	9/17/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
AK	12/3/2008	10/12/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
DK	12/3/2008	10/19/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
CC	2/28/2008	10/28/2009	X		X	X	X	X	X	X	X	X	X		X	X	
SG	12/3/2009	2/1/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
SL	11/26/2008	2/12/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
TP	7/15/2009	2/17/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
ND	1/11/2010	3/10/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
JM	6/15/2009	3/22/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
KK	8/11/2009	3/22/2010	X	X		X	X		X	X	X	X	X		X	X	
OF	7/8/2009	4/27/2010	X		X	X	X	X	X	X	X	X	X		X	X	
WD	7/8/2009	4/27/2010	X		X	X	X	X	X	X	X	X	X		X	X	
KS	6/4/2008	5/7/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
SN	5/1/2010	5/28/2010	X		X	X	X			X	X	X	X	X	X	X	X
CP	12/18/2009	6/2/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
MH	12/25/2009	6/2/2010	X		X	X	X	X	X	X	X	X	X		X	X	
SM	6/20/2008	6/22/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
RB	3/23/2010	6/23/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
JB	8/21/2009	6/24/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
QW	4/7/2010	6/24/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
AR	12/5/2009	6/30/2010	X			X				X	X	X	X	X	X	X	X
KL	3/28/2009	7/14/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
BM	12/5/2009	8/10/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
WW	11/6/2009	8/13/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
TT	5/1/2010	8/13/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
NM	5/1/2010	8/17/2010	X	X	X	X	X	X	X	X		X	X		X	X	
JS	6/5/2010	8/25/2010	X		X	X	X	X	X	X	X	X	X		X	X	
AL	5/1/2010	9/2/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
JB	6/13/2010	9/3/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
KK	4/19/2010	9/10/2010	X	X	X	X	X	X		X	X	X	X		X	X	
DJ	10/21/2009	10/4/2010	X		X	X				X	X	X	X		X	X	
KA	6/8/2010	10/6/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
AK	7/2/2010	10/6/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
CM	3/1/2010	10/7/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
JC	6/20/2010	10/7/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	
EW	7/29/2010	10/20/2010	X			X	X	X	X	X	X	X	X		X	X	

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Patient	Date of Loss	Date of Evaluation	Problem List						Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Neurological Findings	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Exercises	Ultrasound	Maximum Initial Duration (30 days)	
KH	7/2/2010	10/22/2010	X	X		X	X	X	X	X	X	X		X	X
TS	8/12/2010	11/5/2010		X			X	X	X	X	X	X		X	X
SF	9/26/2009	12/7/2010	X		X	X	X	X	X	X	X	X		X	X
BW	10/3/2010	12/13/2010	X	X	X	X	X	X	X	X	X	X		X	X
YE	8/24/2010	1/4/2011	X			X	X		X	X	X	X		X	X
TH	9/24/2010	1/10/2011	X	X	X	X	X		X	X	X	X		X	X
MC	10/28/2009	1/12/2011	X	X	X	X	X	X	X	X	X	X		X	X
FT	10/17/2010	1/18/2011	X	X	X	X	X	X	X	X	X	X		X	X
SS	12/10/2010	1/18/2011	X	X	X	X	X	X	X					X	X
KM	8/18/2010	1/21/2011	X		X	X		X	X	X	X	X	X	X	X
DI	12/3/2010	1/24/2011	X			X	X	X	X	X	X	X		X	X
AI	10/25/2008	3/2/2011	X	X	X	X	X	X	X	X	X	X		X	X
H(1/9/2010	3/3/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
JP	1/6/2011	4/5/2011	X	X	X	X	X		X	X	X	X		X	X
PO	10/7/2010	4/5/2011	X			X	X	X	X	X	X	X		X	X
DR	9/16/2010	4/18/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
RL	8/11/2010	4/21/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
KE	2/26/2011	4/22/2011	X		X	X	X		X	X	X	X		X	X
RZ	12/13/2010	4/22/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
DM	1/2/2011	4/28/2011	X	X	X	X		X	X		X	X		X	X
KG	12/10/2010	5/10/2011	X		X	X			X	X	X	X		X	X
TD	11/9/2010	5/12/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
LD	1/28/2011	5/13/2011	X			X	X		X	X	X	X		X	X
SS	9/1/2010	5/17/2011	X		X	X			X	X	X	X	X	X	X
DB	10/21/2010	5/19/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
JT	1/21/2011	5/23/2011	X	X		X	X	X	X	X	X	X	X		X
RR	2/18/2011	5/23/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
BS	2/7/2010	6/21/2011	X	X	X	X	X	X	X	X	X	X		X	X
LH	12/13/2010	6/21/2011	X	X	X	X	X	X	X	X	X	X		X	X
AC	3/7/2011	6/23/2011	X		X	X	X	X	X	X	X	X	X	X	A
KS	8/21/2010	7/6/2011	X			X	X	X		X	X	X	X	X	X
YM	4/12/2011	7/8/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
TK	4/15/2011	7/11/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
FH	5/31/2010	7/12/2011	X			X	X	X	X	X	X	X	X	X	X
LB	1/11/2008	7/14/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
JS	5/7/2011	7/19/2011	X			X	X	X		X	X	X	X	X	X
PR	1/20/2011	7/19/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
SD	8/2/2010	7/21/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
JI	1/29/2011	7/28/2011	X	X	X	X	X		X	X	X	X	X	X	X
TB	3/22/2011	8/1/2011	X			X	X	X	X	X	X	X	X	X	X
MR	3/5/2011	8/5/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
AD	3/19/2011	8/8/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
VB	8/3/2010	8/10/2011	X			X	X	X	X	X	X	X	X	X	X
LC	3/26/2011	8/23/2011	X			X	X	X	X	X	X	X	X	X	X

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Patient	Date of Loss	Date of Evaluation	Problem List						Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Neurological Findings	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Exercises	Ultrasound	Maximum Initial Duration (30 days)	
DB	5/7/2011	8/29/2011	X			X	X		X	X	X	X	X	X	X
DS	4/27/2011	8/30/2011			X	X	X	X	X	X	X	X	X	X	X
SC	6/22/2011	9/7/2011	X	X	X	X	X		X	X	X	X		X	X
GW	3/17/2009	9/8/2011	X			X	X	X	X	X	X	X	X	X	X
KW	5/17/2011	9/8/2011		X	X	X			X	X	X	X	X	X	X
BH	4/27/2011	9/12/2011	X	X	X	X	X	X		X	X	X	X	X	X
LK	5/17/2010	9/14/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
CA	5/12/2011	9/20/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
KH	12/13/2010	9/20/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
HH	4/5/2011	9/26/2011	X		X	X	X		X	X	X	X	X	X	X
MO	11/14/2010	9/29/2011	X		X	X			X	X	X	X	X	X	X
SZ	4/2/2011	9/29/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
TI	7/2/2011	9/29/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
CA	6/17/2011	9/30/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
DH	12/11/2010	10/3/2011	X	X	X	X			X	X	X	X	X	X	X
DE	7/8/2011	10/5/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
CH	2/23/2011	10/10/2011	X	X	X	X	X		X	X	X	X		X	X
CM	4/14/2011	10/14/2011	X	X	X	X	X			X	X			X	X
FC	9/5/2011	10/14/2011	X		X	X	X		X	X	X	X	X	X	X
MS	10/17/2010	10/19/2011	X		X	X	X		X	X	X	X	X	X	X
DH	6/3/2011	10/20/2011	X	X	X	X		X	X	X	X	X	X	X	X
KB	2/20/2011	10/21/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
AV	7/26/2011	10/24/2011	X	X	X	X	X		X	X	X	X	X	X	X
DC	4/1/2011	10/24/2011	X		X	X	X		X	X	X	X	X	X	X
GC	4/1/2011	10/24/2011	X		X	X	X		X	X	X	X	X	X	X
LM	4/12/2011	10/25/2011	X	X	X	X	X		X	X	X	X	X	X	X
ZU	7/13/2011	10/26/2011	X	X	X	X	X	X	X	X		X		X	X
FK	6/1/2011	11/3/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
MJ	9/6/2011	11/9/2011	X	X	X	X	X		X	X	X	X	X	X	X
JA	5/17/2011	11/15/2011	X	X	X	X	X	X		X	X			X	X
SG	11/6/2011	12/1/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
JC	6/27/2011	12/6/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
PG	3/5/2011	12/6/2011	X	X	X	X	X		X	X	X	X	X	X	X
FW	6/29/2010	12/8/2011	X	X		X	X	X	X	X	X	X	X	X	X
LW	8/6/2011	12/9/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
DT	9/8/2011	12/12/2011	X	X	X	X			X	X	X	X	X	X	X
JM	7/14/2011	12/13/2011	X	X	X	X	X		X	X	X	X	X	X	X
ME	2/7/2011	12/15/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
TK	2/7/2011	12/15/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
DF	10/26/2011	12/26/2011	X	X	X	X	X	X	X	X	X	X	X	X	X
RB	5/18/2011	12/28/2011	A	A	A	A	A	A	A	A	A	A	A	A	X
RT	6/28/2010	12/29/2011	X	X	X	X	X	X	X	X	X	X	X		X
JS	9/14/2011	1/3/2012	X	X	X	X	X	X	X	X	X	X	X	X	X
PB	11/29/2011	1/9/2012	X	X	X	X	X	X	X	X	X	X	X	X	X

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Patient	Date of Loss	Date of Evaluation	Problem List						Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Neurological Findings	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Exercises	Ultrasound	Maximum Initial Duration (30 days)	
SL	11/1/2011	1/27/2012	X		X	X	X	X	X	X	X	X	X	X	X
JT	10/26/2011	2/1/2012	X	X	X	X	X	X	X	X	X	X	X	X	X
WH	4/15/2011	2/8/2012	X	X	X	X	X		X		X	X	X	X	X
EK	1/3/2012	2/14/2012	X		X	X	X	X	X	X	X	X	X	X	X
LL	11/1/2011	2/15/2012	X	X	X	X				X	X			X	X
TP	1/21/2012	2/17/2012	X		X	X	X		X	X	X	X	X	X	X
RJ	10/27/2011	2/20/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
TF	12/29/2011	3/1/2012	X		X	X	X	X	X	X	X	X		X	X
ED	2/3/2012	3/9/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
AW	7/15/2010	3/26/2012	X	X	X	X	X		X	X	X	X		X	X
WS	10/25/2011	3/27/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
KC	8/11/2011	3/30/2012	X	X		X	X	X	X	X	X	X		X	X
KB	2/11/2012	4/2/2012	A	A	A	A	A	A	A	A	A	A	A	A	A
HW	2/3/2012	4/9/2012		X		X		X	X	X	X	X		X	X
SJ	3/8/2012	4/10/2012	X	X		X		X	X	X	X	X		X	X
JG	7/17/2011	4/11/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
CT	2/10/2012	4/16/2012	X		X	X	X		X	X	X	X		X	X
LW	1/30/2012	4/17/2012	X	X	X	X	X		X	X	X	X		X	X
BC	1/17/2012	4/19/2012	X	X		X	X	X	X	X	X	X	X	X	X
MB	6/16/2011	4/24/2012	X	X	X	X	X		X	X	X	X		X	X
DS	12/31/2011	4/25/2012	X		X	X			X	X	X	X		X	X
RB	1/26/2012	4/26/2012	X	X	X	X	X		X	X	X	X	X	X	X
SK	3/25/2012	4/26/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
CH	12/24/2011	5/2/2012	X	X	X	X	X	X			X	X		X	X
EA	11/29/2011	5/3/2012	X			X			X	X	X	X		X	X
RW	9/17/2011	5/11/2012	X			X			X	X	X	X		X	X
KR	2/23/2012	5/14/2012	X		X	X	X		X	X	X	X	X	X	X
MF	2/6/2012	5/24/2012	X	X	X	X	X		X		X	X	X	X	X
CS	11/2/2011	5/24/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
KM	5/19/2012	6/11/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
DS	3/6/2012	6/18/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
AM	3/22/2012	6/25/2012	X	X		X	X	X	X	X	X	X	X	X	X
CL	1/13/2012	6/28/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
JA	6/26/2012	7/16/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
LE	5/12/2009	7/17/2012	X	X	X	X			X		X	X		X	X
AC	4/18/2012	7/24/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
BR	5/27/2012	7/27/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
LH	7/13/2012	8/20/2012	A	A	A	A	A	A	A	A	A	A	A	A	A
DM	6/7/2012	9/14/2012	X	X	X	X			X		X	X		X	X
LG	3/3/2012	10/3/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
DG	6/4/2012	10/4/2012	A	A	A	A	A	A	A	A	A	A	A	A	X
RL	7/21/2012	10/5/2012	A	A	A	A	A	A	A	A	A	A	A	A	B
TM	7/19/2012	10/8/2012	X		X	X	X	X	X	X	X	X	X		X
DM	8/23/2012	10/24/2012	A	A	A	A	A	A	A	A	A	A	A	A	A

Patient	Date of Loss	Date of Evaluation	Problem List							Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Neurological Findings	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Exercises	Ultrasound	Maximum Initial Duration (30 days)		
MD	10/1/2012	11/7/2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TG	8/25/2012	11/14/2012			X	X	X	X	X	X	X	X	X	X	X	X
BD	10/3/2012	11/15/2012	X	X	X	X	X		X	X	X	X	X	X	X	A
SL	3/2/2012	12/11/2012	A	A	A	A	A	A	A	A	A	A	A	A	A	X
AR	9/24/2012	1/18/2013	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TP	6/1/2011	10/11/2011; 5/11/2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SL	7/22/2009	10/22/2009; 2/9/2010	X			X			X	X			X		X	X
JW	7/8/2011	12/15/2011; 9/10/2012	X	X	X	X	X		X	X	X	X	X	X	X	X
CV	6/19/2009	2/24/2010; 7/26/2010	X		X	X	X	X	X	X	X	X	X		X	X
SB	11/7/2008	2/27/2009; 8/11/2009	X	X	X	X	X	X	X	X	X	X	X		X	X
BT	1/26/2011	5/16/2011; 12/16/2011	X		X	X		X	X	X	X	X	X	X	X	X
MM	8/27/2008	5/6/2009; 1/9/2009	X		X	X			X	X	X	X			X	X
SW	8/11/2010	5/9/2011; 6/5/2012	X		X	X	X	X	X	X	X	X	X		X	X
KJ	2/23/2011	6/16/2011; 11/3/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SF	4/21/2010	6/9/2010; 8/10/2010	X	X	X	X	X	X	X	X	X	X	X		X	X
EH	5/13/2011	8/17/2011; 8/13/2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AK	6/16/2007	9/19/2007	B	B	B	B	B	B	B	B	B	B	B	B	B	B
SA	10/7/2007	11/7/2007	B	B	B	B	B	B	B	B	B	B	B	B	B	B
SY	9/8/2004	11/19/2007	B	B	B	B	B	B	B	B	B	B	B	B	B	B
SK	11/21/2007	1/14/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
HK	11/21/2007	1/14/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
CF	5/2/2007	1/21/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
LP	12/30/2007	2/13/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
MA	5/24/2007	4/3/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
NA	7/22/2005	4/8/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
JK	3/7/2008	4/18/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
DP	12/22/2007	4/25/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
TM	3/19/2008	4/29/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
SB	3/19/2008	6/26/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B
DJ	9/17/2012	5/28/2013				X			X	X	X	X	X		X	B

(Exhibit 3 continues on next page)

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Exhibit 2 - Cervical Physical Therapy Assessment

Patient	Date of Loss	Date of Evaluation	Problem List								Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Radicular Signs and Symptoms	Unable to Check Blind Spot While Driving	Unable to Look Up at the Ceiling	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Ultrasound	Exercises	Maximum Initial Duration (30 days)	
VK	8/18/2007	11/4/2008	X	X	X	X	X	X	X	X	X	X	X		X	X	X
AC	1/15/2009	2/6/2009	X	X	X	X	X	X	X	X	X	X	X		X	X	X
CM	2/2/2009	8/6/2009					X	X				X		X	X	X	X
MS	10/2/2008	8/25/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
KD	5/11/2009	9/28/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
BM	9/28/2008	10/2/2009	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
RW	5/11/2009	10/27/2009	X	X			X	X			X	X			X	X	X
KL	6/17/2008	11/10/2009	X	X	X	X	X	X		X	X	X	X		X	X	X
EW	1/1/2010	1/12/2010	X	X	X	X	X	X	X	X	X	X	X		X	X	X
TC	9/18/2009	2/10/2010	X	X	X	X	X	X	X		X	X				X	X
CM	7/15/2009	3/3/2010	X					X	X		X	X			X	X	X
BS	8/11/2009	3/15/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
MC	10/11/2009	3/17/2010	X				X	X	X	X	X	X	X		X	X	X
ED	8/26/2009	3/23/2010	X		X	X		X	X		X	X	X		X	X	X
KK	5/1/2010	5/28/2010	X	X	X	X	X	X	X		X	X	X		X	X	X
WL	6/8/2010	6/29/2010	X	X				X	X		X	X	X		X	X	X
JZ	5/14/2009	7/21/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
TD	6/4/2010	8/12/2010	X	X			X	X	X		X	X	X		X	A	X
RM	3/1/2010	8/12/2010	X	X							X	X	X		X	X	X
CR	6/22/2010	9/8/2010	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
KS	8/21/2010	9/15/2010	X		X	X	X	X	X	X	X	X	X		X	X	X
FA	10/27/2008	10/18/2010	X		X	X		X	X	X	X	X	X		X	X	X
JF	11/23/2009	10/21/2010	X	X	X	X	X	X	X		X	X	X		X	X	X
CR	11/23/2009	10/21/2010	X	X			X		X			X	X		X	X	X
RT	6/28/2010	11/1/2010	X	X	X		X	X	X		X	X	X		X	X	X
EJ	10/25/2010	11/4/2010	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PC	9/30/2010	1/3/2011	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
NL	11/21/2008	1/20/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WD	10/6/2010	4/7/2011	X	X	X	X	X	X	X		X	X	X	X	X	X	X
JB	12/10/2010	4/8/2011	X	X	X	X	X	X			X	X	X	X	X	X	X
GK	3/7/2011	4/29/2011	X		X	X	X	X	X	X	X	X	X		X	X	X
RF	2/18/2011	5/3/2011	X	X	X	X			X	X	X	X	X			X	X
JM	2/23/2011	7/1/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MB	6/5/2011	7/26/2011	X		X	X	X	X	X		X	X	X	X	X	X	X
MM	5/15/2010	8/1/2011	X	X	X	X	X	X	X			X	X	X	X	X	X
RD	2/7/2011	8/3/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FM	11/4/2010	8/3/2011	X	X	X	X	X	X	X		X		X	X	X	X	X
RM	7/17/2011	8/18/2011	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
GP	4/29/2011	8/22/2011	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
KA	4/8/2011	8/24/2011	X	X	X	X	X	X	X	X	X	X	X		X	X	X
DW	5/20/2011	9/8/2011	X	X	X	X	X	X	X		X	X	X	X	X	X	X
RD	7/9/2009	9/8/2011	X	X	X	X	X	X	X	X		X	X	X	X	X	X
AW	4/27/2011	9/23/2011	X	X	X	X	X	X	X	X		X	X	X	X	X	X
SR	6/29/2011	10/11/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TF	6/20/2011	10/13/2011	X	X	X	X	X	X	X	X		X	X	X	X	X	X
MT	2/25/2011	10/17/2011	X		X	X	X	X	X	X	X	X	X	X	X	X	X
GC	4/12/2011	10/17/2011	X	X	X	X	X	X	X	X		X	X	X	X	X	X

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Exhibit 2 - Cervical Physical Therapy Assessment

Patient	Date of Loss	Date of Evaluation	Problem List								Treatment Plan						Short Term Goals Not Met
			Weakness	Positive Radicular Signs and Symptoms	Unable to Check Blind Spot While Driving	Unable to Look Up at the Ceiling	Impaired Activities of Daily Life	Limited ROM	Awakens Due to Pain	Inability to Return to Work W/O Restrictions	Hot/Cold Packs	Electrical Stimulation	Manual Therapy	Ultrasound	Exercises	Maximum Initial Duration (30 days)	
AW	7/15/2010	10/17/2011	X	X	X	X	X	X	X		X	X	X	X	X	X	X
MW	7/5/2011	11/2/2011		X	X	X	X	X	X		X	X	X	X	X	X	X
AD	6/15/2011	11/22/2011	X		X	X	X	X	X		X	X	X	X	X	X	X
TJ	3/6/2000	11/28/2011	X	X	X	X	X	X	X		X	X	X	X	X	X	X
SG	11/1/2011	12/23/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
JJ	11/10/2011	1/6/2012	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
RM	9/22/2011	1/10/2012	X		X	X	X	X	X		X		X	X	X	X	X
CA	6/17/2011	1/13/2012	X	X	X	X	X	X	X		X	X	X	X	X	X	X
MA	1/8/2012	4/13/2012	X	X	X	X	X	X	X		X		X	X	X	X	X
PB	2/14/2012	4/26/2012			X	X	X	X	X		X	X	X	X	X	X	X
LE	5/12/2009	5/22/2012	X	X	X	X	X	X	X		X	X	X	X	X	X	X
KH	3/31/2012	5/25/2012	X		X	X	X	X			X	X	X	X	X	A	A
PR	2/23/2012	5/30/2012	X		X			X	X		X	X	X		X	X	X
HS	1/10/2012	6/7/2012	X	X	X	X		X	X	X	X	X	X	X	X	X	X
YA	8/26/2010	6/26/2012	A	A	A	A	A	A	A	A	A	A	A	A	A	A	X
WH	4/18/2012	7/24/2012	X		X	X	X	X	X	X	X	X	X	X	X	X	X
SB	7/6/2012	8/3/2012	X	X	X	X	X	X	X		X	X		X	X	X	A
MA	5/30/2012	9/12/2012	X	X	X	X		X	X	X	X	X		X	X	X	X
SJ	4/26/2012	9/14/2012			X	X	X	X	X		X	X	X	X	X	X	X
AL	9/6/2012	9/20/2012	X			X	X	X			X	X	X		X	X	X
KD	7/6/2012	9/24/2012	X					X	X		X	X	X	X	X	X	X
JG	8/7/2012	10/5/2012	X			X			X		X	X	X		X	X	X
RS	5/19/2012	11/2/2012	X	X			X	X			X	X	X	X	X	X	A
DG	9/1/2012	11/20/2012	X		X	X	X	X	X	X	X	X	X	X	X	X	B
SC	8/11/2011	11/30/2011; 8/16/2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GB	12/3/2008	3/29/2010; 9/16/2009	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
KG	11/23/2009	4/26/2010; 7/23/2010	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
KJ	11/1/2008	7/24/2009; 10/23/2009	X					X	X		X	X		X	X	X	X
SD	10/22/2006	5/29/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
MW	9/18/2007	8/21/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
BP	10/3/2006	10/13/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
PD	6/30/2008	11/3/2008	B	B	B	B	B	B	B	B	B	B	B	B	B	B	X
LH	12/25/2012	8/1/2013	B	B	B	B	B	B	X			X	X	X	X	X	B

(A) Intitial Physical Therapy assessment form or progress notes missing.

(B) Universal changed to evaluation forms that did not capture this information.